

Winnie the Pooh Characters and Psychological Disorders

An Honors Thesis (HONR 499)

by

Rachel C. Smith

Thesis Advisor

David Perkins

Signed _____

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Abstract

Winnie the Pooh is a collection of stories about a loveable bear and his many friends, written by A. A. Milne. Many have speculated that each of the characters in these stories represents a different psychological disorder. This paper discusses the original theory with the DSM IV diagnoses along with current diagnostic criteria from the DSM-5. The DSM stands for the Diagnostic and Statistics Manual, which is the book with all the diagnostic criteria for psychological disorders. Further, this paper looks into the life of Milne, particularly his time in war, to see if there is any evidence that his war experience could have caused him to create characters to represent psychological disorders. I conclude that the Pooh characters did not represent different mental disorders, and instead Milne wanted these stories to be a sense of escape. He wanted to create a sense of nostalgia in his audience for the relatively innocent time before World War 1. These characters did show clear symptoms of many common psychological disorders, but this shows readers that they should have a less fearful and stigmatizing attitudes toward people with mental disorders.

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Introduction

Many of us have grown up knowing the story of Winnie the Pooh (Milne, 2001). This is about a little bear and his friends and their adventures in the Hundred Acre Woods. It is a lighthearted and cute collection of stories, and it was written by a man named A. A. Milne. Most of us probably haven't thought too deep into the story. It is so calm and innocent, and there can't be much of a depth to it. However, interesting theories have presented a different idea about how this story came about. One interesting theory states that the characters in Winnie the Pooh were based on different psychological disorders. It's an interesting theory to think about, and I think that we should look at both sides of the theory to see whether or not this idea has validity.

In this paper, I am going to be doing a qualitative research about the different characters and their potential diagnoses. I will begin by discussing the research from Shea, Gordon, Hawking, Kawchuk, & Smith (2000) about Winnie the Pooh and the different characters in the story. Then, I will look into their research and consult the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013), and I will see how the characters match up with their diagnoses. After that, I will discuss some biographical details about the author, A. A. Milne, and his time in the war. I will see if this leads to any conclusions about the nature of the characters. Finally, I will make my own analysis and conclusions based on evidence if Milne actually based these characters on different disorders.

Original Theory

First of all, we have the theory itself to discuss. Shea et al. (2000) examined this story very closely and wrote about this in a journal article. They stated that this is a forest where

neurodevelopment and psychosocial problems go unrecognized and untreated. In this section, assume all research is from Shea et al. (2000) unless otherwise noted.

This is from a team of neuropsychologists, and they are making a very serious point about these characters. I am looking into this as serious, not tongue-in-cheek, research. These theorists started by saying that on the surface, the story is written in an innocent world. Christopher Robin is living in a beautiful forest surrounded by his loyal animal friends. So many have enjoyed these tales, but perspectives change with time, and it became clear to the group of modern neurodevelopmentalists that these are stories of seriously troubled individuals. They met a lot of the criteria for the DSM IV for significant disorders, since this article was written in 2000. The DSM IV was the most updated version of the DSM from 1994 to 2013. These researchers did an exhaustive review of the works of A.A. Milne, and they present an interesting side of things that can help explain their side of the theory.

The first character that is a part of this analysis is Pooh. Pooh actually shows a lot of signs of many different psychological disorders. One of the main ones is Attention Deficit Hyperactivity Disorder (ADHD). Also, Pooh might also demonstrate significant impulsivity. This is witnessed by his poorly thought out attempt to get honey by disguising himself as a rain cloud. This shows that he has a comorbid cognitive impairment and an obsessive fixation on honey. Pooh's preservation on food and his repetitive counting behaviors raise the possibility of Obsessive Compulsive Disorder (OCD).

Since he looks to have ADHD and OCD, he may over time be present with Tourette's syndrome. He is described as having Very Little Brain. The researchers could not confidently diagnose microcephaly, because they do not know whether standards exist for head

circumference. The cause of his brain growth may be found in the stories themselves. Early on, we see Pooh being dragged downstairs bumping on the back of his head.

The team of researchers thought that Pooh needed an intervention. He needed drugs, and his life would be so much better if he had a trial of low-dose stimulant medication. With the right dose, he might be fitter and more functional and perhaps produce (and remember) more poems.

Piglet is another character who seems to have a psychological disorder based on these studies. He is always anxious, blushing, and flustered. From this, it seems like he suffers from a Generalized Anxiety Disorder. If he was appropriately assessed and diagnosed when he was young, he might have gotten the right medication and been saved from the emotional trauma he experienced while attempting to trap heffalumps.

Eeyore seems to have the psychological disorder known as chronic dysthymia. This donkey lives a very sad life. The authors do not have enough history to diagnose this as depression or to know if early trauma contributed to this condition. He has chronic negativism, low energy, and anhedonia. He would benefit greatly from an antidepressant, possibly combined with individual therapy. In one story, Eeyore lost his tail. The other characters found this quite humorous, because it is such a ridiculous circumstance, but because of his chronic negativity, he didn't seem to see the humor in this situation.

The group agreed that Owl is very bright but that he was dyslexic. He has many attempts to cover up for his phonological deficits, and they are similar to what clinicians see day in and day out in those that suffer from dyslexia. His condition wasn't identified, and he wasn't receiving the correct support, so this put him in the situation he is in.

Next, we have Roo. He is just a little kangaroo, and he is very impulsive and hyperactive, but that isn't much of a concern because of his age. The environment he is developing in is becoming a problem. Roo is growing up in a single-parent household, so this puts him at a high risk for poorer outcome. The prediction is that the group will someday see a delinquent Roo hanging out late at night causing trouble.

Tigger is a character who is very gregarious and affectionate, but he has a recurrent pattern of risk-taking behaviors. If you look at his impulsive sampling of unknown substances when he first comes to the Hundred Acre Wood, this isn't good. He tries honey, acorns, and even thistles. He has no knowledge of the potential outcome of his experimentation. Later on, he is climbing tall trees and acting in a way that can only be described as socially intrusive. He leads Roo into danger. He has obvious hyperactivity and impulsivity, and this would suggest the need for a stimulant medication.

Kanga is very overprotective. Her possessiveness of Roo could potentially relate to a previous run in with social services. The group speculated where Kanga will be in the future, and it is highly likely that she will end up older and struggling to look after several joeys from different fathers with no sufficient financial resources. However, she might be one of those single mothers that bounce back. That could happen or it could not. Really, we will never know.

The only leadership offered in this community is from a small boy named Christopher Robin. The group believes that Christopher Robin has not exhibited any diagnosable condition as yet, but they are concerned about several issues. He has complete absence of parental supervision, and he is spending a lot of time talking to animals. In the early stories, he has signs of difficulty with academics and the illustrations suggest possible future gender identity issues

for this child. There could be some Freudian meaning to his peculiar naming of his bear as Winnie-the-Pooh.

The last character to look to is Rabbit. He has a tendency to be extraordinarily self-important and he has an odd belief system that he has a great many relations and friends. He seems to have a huge need to organize others, many times against their will, into new groupings, with himself always at the top of the reporting structure.

The article ends by stating that this forest is not, in fact, a place of enchantment, but rather one of disenchantment, where neurodevelopmental and psychosocial problems go unrecognized and untreated. They said it is unfortunate that an expedition was never organized to a child development clinic.

My Analysis/Diagnoses

I have heard from many sources about the theory of Pooh and psychological disorders. I finally found the Shea et al. (2000) source and I was excited to read official information because it was written by experts. However, the article was not everything I had hoped for. I was actually quite disappointed with it. The article barely talked about the criteria for each diagnosis, gave a few examples, and I think it was irrelevant to type about the treatment they should be on. Also, all the speculation about the “what if’s” was pretty unnecessary. I think the team went a little overboard. Towards the end of the article, the group just stopped giving diagnoses and just made a few statements about the characters and their personalities, and they never gave them an official psychological diagnosis. This seemed to be lacking in many ways of what I was looking for in this theory. Therefore, I decided to consult the DSM-5 and The Complete Tales of Winnie the Pooh to look further into this theory of Winnie the Pooh and psychological disorders.

I had decided that Shea and the other authors had an interesting idea when concerning the characters of Winnie the Pooh. However, since this article was written quite a few years ago, I was wondering if this still applied today. I decided to use the most updated version of the DSM, which is the DSM-5, to assess what my thoughts were on the matter. I looked at the different characteristics of the psychological disorders of today, and I compared them to the qualities of the characters in Winnie the Pooh. All the diagnostic information in this section is from the DSM-5 (American Psychiatric Association, 2013), and all the characteristics from the characters come from all the Winnie the Pooh stories (Milne, 2001). I wanted to discuss and analyze my thoughts and ideas concerning the DSM-5 and Winnie the Pooh in comparison with some of Shea's ideas. The table below summarizes the comparison between Shea's group and my own observations. I will explain my own observations in further detail immediately following the table.

Character	Shea et al.'s Diagnosis	My Diagnosis	<u>DSM-5</u> Symptoms	Description of Behavior
Winnie the Pooh	Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Disorder	Binge Eating Disorder	<ul style="list-style-type: none"> • Recurrent episodes of binge eating. Eating an amount of food that is larger than what most people eat • The episodes are more rapid than normal, eating large amounts when not hungry • Marked distress regarding binge eating • This occurs at least once a week for 3 months • Not associated with bulimia or anorexia • Lack of control 	<ul style="list-style-type: none"> • Always eating honey • Always wants more • Often seen doing anything for it • Always talking about it • Overeating when he isn't hungry • Always carrying it

Piglet	Generalized Anxiety Disorder	Generalized Anxiety Disorder	<ul style="list-style-type: none"> • Excessively anxious and worried, occurring more days than not, about a number of events and activities • Difficult to control the worry • Anxiety and worry are associated with 3 symptoms including restlessness, fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance • Anxiety causes significant distress in social or other areas of functioning • This is not caused by a substance • Not another mental disorder 	<ul style="list-style-type: none"> • Uncomfortable in all situations • Always the one to express his worries • Stutters when he talks because he is so scared • Looking at the negative outcomes • Always expressing the bad that could happen • Constantly anxious and flustered • Constantly shaking and unrealistic fear of everything • Does a lot of thinking
Tigger	N/A Described as being impulsive and intrusive	Attention Deficit-Hyperactivity Disorder	<ul style="list-style-type: none"> • Inattention, which is either failing to give close attention to details or making careless mistakes in schoolwork or other activities, difficulty sustaining attention, not listening when spoken to directly, not follow through on instructions and fails to finish work, difficulty organizing tasks and activities, not doing tasks that require sustained mental effort, loses 	<ul style="list-style-type: none"> • Always bouncing • Switches from topic to topic • Gets overly excited about activities • Can't sit still • Always doing something • Can't pay attention to one thing for too long • Unable to focus

			<p>things, easily distracted, forgetful</p> <ul style="list-style-type: none"> • Hyperactivity and impulsivity: fidgets and taps, leaves seat, runs about, not able to be quiet, on the go, talks a lot, blurts out an answer, difficulty waiting turn, interrupts • Prior to age 12 • In many settings • Interfere with regular functioning • Not another mental disorder 	
Eeyore	Dysthymia	Dysthymia	<ul style="list-style-type: none"> • Depressed mood for most of the day, more days than not • Presence of two between poor appetite or overeating, insomnia, low energy or fatigue, low self-esteem, poor concentration, feelings of hopeless • Always with symptoms • 2 years • Never a maniac episode • Not other disorders • Not from a substance • Significant distress in social or other areas of functioning 	<ul style="list-style-type: none"> • Always upset • He expects bad things to happen • Never has a positive outlook • He doesn't try to be cheerful • He accepts his state • He always looks at the negative
Owl	Dyslexia	Dyslexia	<ul style="list-style-type: none"> • Unable to read, write, or spell 	<ul style="list-style-type: none"> • Misspells things • Reads things wrong • Reads "skull"

			<ul style="list-style-type: none"> • Dizziness or headaches when reading • Confused by letters, words • Repetition, reversals in letters • Sees movement while reading • Difficulty with vision • Not hearing as well • Trouble writing 	
Rabbit	N/A Described as being organized	Obsessive Compulsive Disorder	<ul style="list-style-type: none"> • Obsessions (recurrent thoughts) • Compulsions (behaviors because of thought) • Time consuming • Not from a substance • Not another mental disorder 	<ul style="list-style-type: none"> • His garden always has to be in perfect order, and he said that everything has a place, and he gets mad when anyone messes with the order • His house is super clean and organized, and he is constantly cleaning it • Always has to keep everything in order
Kanga Roo	N/A Described as being overprotective	Social Anxiety Disorder	<ul style="list-style-type: none"> • Fear or anxiety about social situations • Social situations are avoided or endured with intense fear or anxiety • Fear is out of proportion • Fear is persistent • Causes distress • Fear is not caused by psychological substances • Not panic disorder 	<ul style="list-style-type: none"> • Kanga always has to keep Roo in the pouch to keep him safe from the social outside • Overprotective

			<ul style="list-style-type: none"> • Fear of being negatively evaluated 	
Christopher Robin	N/A	Dissociative Identity Disorder	<ul style="list-style-type: none"> • Two or more distinct personality states • Discontinuity in sense of self • Alterations in behavior or consciousness • Recurrent gaps in everyday information • Clinically significant distress 	<ul style="list-style-type: none"> • Creates this entire world he lives in • One personality in real world, on in Hundred Acre Wood • Created this world and each character in it • He has personality of each character • He isn't who he says he is, created these stories in his mind • Plays the part of each character • Each character is a different personality of his

Winnie the Pooh

The first character that Shea discusses is Winnie the Pooh. These writers state that Pooh seems to have ADHD and OCD. Although those are good ideas, I really wanted to look at the fact that I think he has Binge Eating Disorder. With looking at the DSM-5, I looked at the diagnostic criteria of this disorder. These people have recurrent episodes of binge eating. An episode of binge eating would be eating, in a discrete period of time, an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances, and a sense of lack of control over eating during the episode, which is a feeling that one cannot stop eating or control what or how much one is eating.

The binge eating episodes are associated with characteristics such as eating much more rapidly than normal, eating until feeling uncomfortable full, eating large amounts of food when

not feeling physically hungry, eating alone because of feeling embarrassed by how much one is eating, or feeling disgusted with oneself, depressed, or very guilty afterward. People have marked distress regarding their binge eating. The binge eating occurs, on average, at least once a week for three months. The binge eating is not associated with things like bulimia nervosa and does not occur during bulimia nervosa or anorexia nervosa.

For Winnie the Pooh, he always is eating honey, and he always wants more. He is often seen doing anything to get it, even if it is dangerous. He is always talking about honey and carrying it, and he very often overeats when he is not hungry. After he eats a lot, he feels distress, like he just did something wrong. However, he wants to keep eating at the next opportunity.

Piglet

Next up, we have Piglet, who Shea said has Generalized Anxiety Disorder. I agreed with this statement, and I looked at the DSM-5 for the diagnostic criteria of this disorder. For generalized anxiety disorder, the person has excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). The individual finds it difficult to control the worry.

The anxiety and worry are associated with a few of the symptoms including restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, or sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep). The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The disturbance is not attributable to the physiological effects of a substance (like a drug abuse or a medication) or another medical condition.

The disturbance is not better explained by another mental disorder, such as anxiety or worry about panic attacks, social anxiety, contaminations in obsessive-compulsive disorder, separation from attachment figures in separation anxiety, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder.

To me, Piglet shows a lot of the symptoms of this disorder based on how he is in the stories. He is uncomfortable in all situations. He is always the one to express his worries. He stutters when he talks because he is so scared. He is always looking at the negative outcomes and bringing them up to everyone. He is always expressing that bad things could happen. He is constantly anxious and flustered. He is constantly shaking and has an unrealistic fear of everything. He does a lot of thinking and he really is just unsettled from everything around him. In the story "Piglet Is Entirely Surrounded by Water," Piglet was stuck in a tree and the ground was flooding around him. He mentioned how anxious he was, and he kept worrying about things like when the water would reach his own bed.

Tigger

Tigger is one of the characters that Shea discussed in the study, but only qualities were discussed about his character, and they never discussed what diagnoses they thought he had. In my opinion, I think that Tigger could be diagnosed with Attention Deficit Hyperactivity Disorder. The DSM-5 has a lot of diagnostic qualities for this disorder. The first quality of this

is a persistent pattern of inattention and/or hyperactivity that interferes with functioning or development. For inattention, a lot of the following symptoms have persisted that are inconsistent with developmental level and that negatively impact directly on social and academic/occupational activities: often fails to give lose attention to details or makes careless mistakes in schoolwork, at work, or doing other activities (overlooks or misses details, work is inaccurate), often has difficulty sustaining attention in tasks or play activities (has difficulty remaining focused during lecture, conversations, or lengthy reading), often does not seem to listen when spoken to directly (mind seems elsewhere, even in the absence of any obvious distraction), and often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (starts tasks but quickly loses focus and is easily sidetracked).

More qualities of inattention are that they often have difficulty organizing tasks and activities (difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; poor time management; and fails to meet deadlines), often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (like schoolwork or homework), often loses things necessary for tasks or activities, is often easily distracted by extraneous stimuli, is often forgetful in daily activities (doing chores, returning calls, keeping appointments).

Regarding hyperactivity and impulsivity, they have to have certain qualities from this list of symptoms: often fidgets with or taps hands or feet or squirm in seat, often leaves seat in situations when remaining seated is expected, often runs about or climbs in situations where it is inappropriate, often unable to play or engage in leisure activities quietly, is often “on the go” acting as if “driven by a motor” (is unable to be or uncomfortable being still for extended time, as in restaurants, and may be seen as restless or difficult to keep up with), often talks excessively,

often blurts out an answer before a question has been completed (completes people's sentences, cannot wait for turn in conversation), often has difficulty waiting his or her turn, and often interrupts or intrudes on others (butts into conversations, games, activities, may start using other people's things without asking).

Other qualities of ADHD people have that several inattentive or hyperactive impulsive symptoms were present prior to age 12. Several inattentive or hyperactive-impulse symptoms are present in two or more settings. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic or occupational functioning. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder.

Tigger shows a lot of the qualities of a character who has ADHD. He is always bouncing, and when he talks, he switches from topic to topic. He gets overly excited about activities. He can't sit still, and he is always doing something. He can't pay attention to one thing for too long. He is unable to focus. In the story "Tigger Is Unbounced," the characters get together and try to get Tigger to stop bouncing all the time, because they get annoyed that he is always doing it and can't stop moving.

Eeyore

The next character that Shea discussed is Eeyore. They said that that Eeyore could be diagnosed with dysthymia, which I agree with. I wanted to consult the DSM-5 to see whether or not this diagnosis makes sense. This is also known as persistent depressive disorder. These people have a depressed mood for most of the day, and for more days than not, as indicated by either subjective account or observation, for at least two years. They have a presence, while depressed, of symptoms such as poor appetite or overeating, insomnia or hypersomnia, low

energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, or feelings of hopelessness. During the two year period of the disturbance, the individual has hasn't been without the symptoms for more than 2 months.

The criteria for a major depressive disorder may be continuously present for two years. There has never been a manic episode or a hypomanic episode, and the criteria have never been met for cyclothymic disorder. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder. The symptoms are not attributed to the physiological effects of a substance (a drug abuse or medication) or another medical condition. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Eeyore definitely shows a lot of symptoms of dysthymia. He is always upset. He expects bad things to happen, and he never has a positive outlook. He doesn't try to be cheerful, and he accepts his state the way he is. He always looks at the negative side of things. In the story "Eeyore Has a Birthday and Gets Two Presents," the story began with Eeyore looking at himself in the river and mentioning how pathetic he is. Throughout the stories, the characters mention how gloomy Eeyore *always* is.

Owl

The next character that Shea discusses is the fact that they think Owl is dyslexic. Dyslexia isn't in the DSM-5 as an independent diagnosis (instead it is one symptom of the diagnosis Specific Learning Disorder), so I looked online for the diagnostic characteristics. Diagnostic characteristics are that they appear bright, highly intelligent, and articulate but unable to read, write, or spell at grade level. They are labelled lazy, dumb, careless, immature, "not

trying hard enough” or having a “behavior problem.” They are not behind enough or bad enough to be helped in the school setting. They have a high IQ, but they may not test well academically. They test well orally, but not written. They feel dumb, have poor self-esteem, they hide or cover up weaknesses with ingenious compensatory strategies, they are easily frustrated and emotional about school reading or testing.

They are talented in art, drama, music, sports, mechanics, storytelling, sales, business, designing, or engineering. They seem to zone out or daydream often, they get lost easily or lose track of time. They have difficulty sustaining attention, and they seem hyper or a daydreamer. They learn the best through hands-on, experience, demonstrations, experimentation, observation, and visual aids. They complain about dizziness, headaches, or stomach aches while reading. They are confused by letters, numbers, words, sequences, or verbal explanations. Their reading or writing shows repetition, addition, transpositions, omissions, substitutions, and reversals in letters, numbers and/or words.

They complain of feeling or seeing non-existent movement while reading, writing, or copying. They seem to have difficulty with vision, yet eye exams don't reveal a problem. They are extremely keen sighted and observant, or they lack depth perception and peripheral vision. They read and reread with little comprehension. They spell phonetically and inconsistently. They have extended hearing, and they hear things not said or apparent to others, easily distracted by sounds. They have difficulty putting thoughts into words, speaking in halting phrases, leaves sentences incomplete, stutters under stress, and mispronounces long words or syllables when speaking. They have trouble with writing or copying. They are clumsy, uncoordinated, difficulty with fine and/or gross motor skills, and they can be ambidextrous.

It seems a lot like Owl could be dyslexic. He misspells things, and he often reads things wrong. During one of the stories, he read that the word “school” was “skull” instead. In the story “Eeyore Has a Birthday and Gets Two Presents,” Owl writes “HIPY PAPY BTHUTHDTH THUTHDA BTHUTHDY.” It could be a play on the fact that owls are supposed to be wise. He might be wise, but he also might not be able to read that well.

Rabbit

The next character to discuss would be Rabbit. Shea didn’t actually have a diagnosis for Rabbit, but I would say that Rabbit has the characteristics for Obsessive Compulsive Disorder. This disorder is diagnosed by the presence of obsessions, compulsions, or both. Obsessions are defined by recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals causes marked anxiety and distress. Also, obsessions are when the individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (by performing a compulsion).

Compulsions are defined by repetitive behaviors (hand washing, ordering, checking) or mental acts (praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Compulsions are also when the behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in any realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

The obsessions or compulsions are time-consuming (they take more than one hour per day) or cause clinically significant distress or impairment in social, occupations, or other

important areas of functioning. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (a drug abuse, medication) or another medical condition. The disturbance is not better explained by the symptoms of another mental disorder (excessive worries in the generalized anxiety disorder, preoccupied with appearance as in body dysmorphic disorder, or delusions with schizophrenia).

Rabbit definitely has a lot of symptoms that could show him to have Obsessive Compulsive Disorder. He has a garden that always has to be in perfect order. He said that everything has a place, and he gets mad when anyone messes with that order. His house is super organized, and he is constantly cleaning it. He always has to keep everything in order. It almost seems methodical what he does. He doesn't like things to lose their order or get out of place. In the story "Rabbit Has a Busy Day, and We Learn What Christopher Robin Does in the Mornings," Rabbit woke up feeling the need to organize something, and he thought that everything depended on him.

Kanga

Kanga is another character that Shea and the others didn't really diagnose. They just explained her characteristics and speculated about her past. In my observations, I think Kanga could be diagnosed with Social Anxiety Disorder. In this disorder, the individuals have a marked fear or anxiety about one or more social situation in which the individual is exposed to possible scrutiny by others. Examples include social interactions (having a conversation, meeting unfamiliar people), being observed (eating or drinking), and performing in front of others (giving a speech).

The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (will be humiliating or embarrassing, will lead to rejection or offend

others). The social situations almost always provoke fear or anxiety. The social situations are avoided or endured with intense fear or anxiety. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context. The fear, anxiety, or avoidance is persistent, typical lasting for 6 months or more. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (drug of abuse or medication) or another medical condition. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder. If another medical condition (Parkinson's disease or obesity) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

If anything, Kanga is almost making Roo develop this disorder. She is very overprotective, and she always want to keep Roo in her pouch. Again, this could be because of her nature as an animal, but Kanga does always want to keep Roo in the pouch to keep him safe from the social outside.

Christopher Robin

Finally, we have Christopher Robin. The group thinks that he doesn't have any diagnosable disorders, except I would like to disagree with that. I think he could be diagnosed with Dissociative Identity Disorder. With this, it is a disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of

agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning.

They have recurrent gaps in the recall of everyday events, important personal information and/or traumatic events that are inconsistent with ordinary forgetting. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The disturbance is not a normal part of a broadly accepted cultural or religious practice. The symptoms are not attributable to the physiological effects of a substance (blackouts or chaotic behavior during alcohol intoxication) or another medical condition (complex partial seizures).

I think Christopher Robin has this because he has alterations in his memory, consciousness, and perception. He creates this entire world that he lives in, and it is almost as if he has one personality in the real world and one personality in the Hundred Acre Woods. He could have created this world and each of the characters in it. In this reality, he could have the personality of each of the characters. He isn't entirely who he says he is, and he could have created these stories entirely in his mind because he plays the part of each of the characters. This is a way that he brings all the characters to life, because each of them is a different personality of his.

The Author: A. A. Milne

I decided to look into the life of the author of Winnie the Pooh: A. A. Milne. After looking at this story, the characters, and their potential diagnosis, I wanted to see how Milne came about writing this story. I wanted to see if there was any evidence that he definitely based these stories on specific psychological disorders. Maybe he had a motive in this, or maybe he had a reason for doing so. Potentially, he could have based these characters on people in his life.

Maybe this was all just a bunch of speculations. I wanted to look deeper into his life to see if I could find any reason why he would create the characters the way he did. I will begin with a basic description of his life and discuss further any evidence that I find interesting and noteworthy. Unless otherwise noted, assume all of the research in this section is from his autobiography (Milne, 1939).

A.A. Milne is best known for his children's stories of Winnie the Pooh. He was born in London, England on January 18, 1882. His full name was Alan Alexander Milne, and he and his two older brothers were raised by their parents. He first went to the Westminster School in London, and he attended the University of Cambridge's Trinity College and wrote for one of their magazines. He began writing for the magazine *Punch* in 1906, and his essays and poetry were published in that through 1914.

War Time

Milne served in World War I. He served as a soldier, participating in the devastating Battle of the Somme. However, he became very ill, and he was not fit for the front. From there, his writing talent led to him joining a secret propaganda unit, MI7b, in 1916. At this time, not that many people supported World War I, and there was an anti-war movement growing. Milne was writing propaganda to help encourage people to support the war by writing about British heroism and German dastardliness.

Milne was such a pacifist, but he followed the orders that he had been given. However, at the end of the war, he expressed how he felt about his work. He felt like he was lying. He hated war and all the dead bodies.

He also served in World War II. During this war, he had a feud with P.G. Wodehouse. When he was younger, the two of them were friends. Wodehouse was the creator of the calm

butler Jeeves. The two even joined J.M. Barrie-the man behind Peter Pan-on a celebrity cricket team. However, World War II was when they started feuding.

Wodehouse was living in France when Germany swept through. He was taken to live in a civil internment camp. However, when they realized who they captured, they took him to live in a luxury hotel in Berlin, and they asked him to record a series of broadcasts about his internment. Wodehouse agreed to this. In these talks, Wodehouse had a light, inconsequential tone, but it didn't go over well during wartime. Milne was one of his harshest critics, and he wrote "Irresponsibility in what the papers call 'a licensed humorist' can be carried too far; naïveté can be carried too far. Wodehouse has been given a good deal of license in the past, but I fancy that now his license will be withdrawn." A lot of people think that jealousy fueled this instead of anger, and Wodehouse continued to receive positive literary feedback while Milne was just seen as the creator of Winnie the Pooh. This feud continued long after the war ended.

Milne became well known at the time for his plays and his children's books. He became very well known for his series of children's books called *Winnie the Pooh*. This told about the adventures of Christopher Robin, which was based off of his son, Christopher Robin Milne, and the characters were based off his stuffed animals. The Hundred Acre Woods closely resembles Ashdown Forest, where the Milnes had a nearby home. With the popularity of Winnie the Pooh, most of the other works he wrote were quickly forgotten. During the time, he was well-known for them, but now he is really only associated with children's writing.

In Milne's last years, he was very unhappy. Even though his books brought joy to people, he wasn't very joyous himself. He continued to write plays, novels, and other pieces, but he wasn't able to match his earlier success. He really didn't like being seen as a children's writer. Also, his family life wasn't good either. As an adult, Christopher Milne has resentment

towards his father. He felt that his dad had taken his good name and had left him the empty fame of being his son. During Milne's last years, Christopher barely saw him.

In the fall of 1952, A.A. Milne had a stroke, and then he was in a wheelchair until he died in 1956. His final years weren't happy ones, but he said "a writer wants something more than money for his work: he wants permanence." Since Winnie the Pooh is very popular, he got that!

Milne in World War 1

There are many interesting ideas about Milnes and his life during World War 1 and afterwards. He was a very big pacifist. He really didn't like to deal with any type of conflict. As it stated in the research, he wrote a lot about how much he detested the war. He had been living the perfect life when war took him away from all that. He didn't like how poorly his officers treated him. Clearly, he was negatively affected by the war. He grew frustrated at writing propaganda for WWI. He felt conflicted about having to lie. Milne served in WWI, and this may have caused the spark of interest in personality disorders. He mentioned that it makes him almost physically sick to think of that nightmare of mental and moral degradation. He was freaked out even by the bugs at the zoo, and he said he was too sensitive and couldn't have lived through another war. Many soldiers coming out of that era developed PTSD (Posttraumatic Stress Disorder) from the war (Pols & Oak, 2007).

This isn't entirely confirmed, but it seems like it could have been a possibility that he was psychologically wounded from the war, and that could have resulted in PTSD and led him to create characters that each had a different mental disorder. He could have based the characters on the soldiers he saw who had PTSD and the symptoms they showed, these characters could have resembled people from his own life. War seriously impacts people's health. However, all the statements that came from PTSD were all speculations. I thought it would be interesting to

look at the diagnostic criteria of PTSD, see if Milne fits this description, and see if I can draw any conclusions from that.

Posttraumatic Stress Disorder

As stated in the DSM-5, which is the research for this section (American Psychiatric Association, 2013), people who have posttraumatic stress disorder have exposure to actual or threatened death, serious injury, or sexual violence. They either experience the traumatic events or witness these events in person. They can learn that close family or friends experience a traumatic event. They experience repeated or extreme exposure to the details of the traumatic event. They have the presence of intrusion symptoms associated with the traumatic event, including recurrent, involuntary, and intrusive distressing memories of the event, or distressing dreams. They have flashbacks in which they feel or act as if the traumatic events were recurring. They have distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, and they have physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

People with PTSD have persistent avoidance of stimuli associated with the traumatic event, including avoidance of the distressing memories, thoughts, or feelings, and avoidance of external reminders. They have negative alterations in cognitions and mood associated with the traumatic events. They can have the inability to remember an important aspect of the traumatic event, persistent and exaggerated negative beliefs or expectations about oneself or other, distorted cognitions about the cause or consequences of the traumatic events, persistent negative emotional state, markedly diminished interest or participation in significant activities, feelings of detachment or estrangement from others, persistent inability to experience positive emotions.

These people have marked alterations in arousal and reactivity associated with the traumatic events, such as irritable behavior and angry outbursts, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration, and sleep disturbance. The duration of this disturbance is more than 1 month. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. These characteristics are not from another medical condition.

After looking at the diagnostic criteria of Milne, I find it interesting that from his life, he could display many signs of posttraumatic stress disorder. He was in the war, which would count as some type of trauma. He had exposure to a lot of death, since he witnessed this war, even if it was just for a short time. He had to suffer through one of his colonels dying. He directly experienced this, and he saw a lot of his friends or people alongside him die in this war. That could have caused a lot of distress, and I'm assuming it left him with many painful and distressing memories that haunted him long after the war.

He didn't experience an obvious negative emotional state until his later years, however. In that time, his negative emotional state was persistent, and it caused distress in his areas of functioning. His family life wasn't as great as well, because his relationship with his son, Christopher Robin, was slowly declining. He seemed to be experiencing a lot of distress in the family aspect of his life. However, this was much later on in his life.

War is such a traumatic event, especially since Milne was such a pacifist. I'm sure it had such a negative impact on him, and due to the later negativity in his life, it seemed like he definitely could have been suffering from posttraumatic stress disorder. He had some symptoms such as his irrational fear of the bugs at the zoo. However, there was no clear evidence that he did have PTSD or that it caused him to write stories on characters with other psychological

disorders. Also, the research doesn't state that he based any of his characters off of people he knew from the war. Even though he had negative experiences with Wodehouse, he really just had negative feelings towards someone who he used to be close to. That really wasn't someone whose characteristics he would have created a psychological disorder from. If anything, the negative treatment Milne received from this previous friend would have added more to his posttraumatic stress disorder.

Since there was no conclusive evidence about the characters and psychological disorders, there had to be some reason why Milne created his characters the way they did. From looking into further research, it seemed like the war impacted his choice of characters, but in a very different way. In doing this, we need to look back at his own childhood, back to a time before the war.

Bringing Back Childhood

Where the other great children's writers had lives sad, unfulfilled or in some way marked by tragedy, Milne's life until his last years didn't really have a problem, it was more of ease, happiness, and worldly success. The information in this subsection comes from *Inventing Wonderland* (Wulschlager, 1995). Where many of the others invented in fantasy kind of youth they never knew, Milne had a peaceful childhood whose mood the Pooh stories bring back. Where the others were mostly childlike and therefore childless, telling stories to other people's offspring in attempts to get close to children, he was a happy father with a son whom he loved. And where the others were rebels, lonely, eccentric, emotionally unbalanced, or odd in appearance, Milne was handsome and clever, well-off and well-liked.

He wrote these stories because he wanted to convey happiness to the world. Sadly, he became so well known for this that it overshadowed everything else that he did. It ended up

leading to him becoming estranged from his son, and it in a way destroyed the life that he had. His story reflected his life and his desire for lightheadedness, escape, and post-war fun. The models for what he wrote about were his little boy and the toys that he played with. He never could have said that the meaning for the lives of his characters were clear.

When he wrote, he wanted to write that a lot of his characters are the ones we can turn into. He could have based a lot of the characteristics from those in his life before the war. Milne was born in Hampstead in 1882, and from the start he was raised in his own happy family, and he was shown that childhood was a glorious and important time. His father ran his school with a kind heart and excitement. It was just a really happy environment where no one was beaten or anything. They enjoyed learning, and discipline was relaxed. It was really a child-centered world. It was full of home comforts and affection. Each of the boys was treated as an individual, and they spent a lot of time with their friends playing games. This was the world that was recreated with the Hundred Acre Wood and where the characters behaved like children.

A. A. Milne was the third, youngest, and the favorite child. He had good looks and a quick brain. He loved school a lot, and he often begged to go there early. He had very early success in his career, and he was full of confidence, security, and no tormented depths.

Throughout his life, he really loved the comfort of home, which showed with Pooh and his consoling honey pots. This showed how much Milne loved childhood pleasures. When he was writing for *Punch*, he went to a lot of house parties and loved his exciting life there. He grew from a happy child into an even happier young man with an excellent life. He was said to have been silly, humorous, neat, and graceful.

Milne never had a close friend except his brother Ken, and then he got married to a woman named Daphne, and it was the perfect marriage for them. She was everything he wanted,

and that marriage worked out so much better than all the others of the time. He enlisted in the war, which many people thought was strange because he was a pacifist. His pacifist beliefs influenced Winnie the Pooh, and this marks it as a post-war book. He was sent home with a trench fever, and he was a signals officer for the rest of the war. He spent his time off writing light-hearted plays, and after the war, his life was still carefree.

In the early 1920s, his brand of comedy, such as *Mr. Pim Passes By*, made him one of the best-known and best-paid dramatists in England. Today few have heard of this. In 1920, his only child was born. This was their only child, and Milne really loved his only son. He became unusually involved in his upbringing. He wrote a lot more works that made him famous at the time for it. The story of Pooh began when his fame was on the rise. *The Evening News* pressed him for a children's piece, and he adapted a story he had told to Christopher Robin about his teddy bear. This was aired on Christmas Eve 1925, and it was the first of many!

When Milne wrote these books, he was in his forties. He lost himself in this perfect world, and it was really his escape from reality. He had a good life overall, and he was pretty content with everything. This reflects his love of being lighthearted and his desire for childhood pleasures. With Pooh, the toys are in no sense based on Milne – he didn't want to reinvent himself in a child setting. Rather, they simply reflect his son's life. The story is based on his son and his toys.

Milne said he barely had to create these character, he looked at his son's stuffed donkey with the drooping head or at Pooh or Piglet – whose 'likeness' he said Shephard, his illustrator, captured by sketching them from 'life' in the nursery – told all about their personalities. Milne was writing for a post-war generation looking back to a golden age.

Milne is a 1920s humorist. He is an escapist who knows he is escaping. The Pooh stories offer adults the nostalgia of a child's eye view. These are all humorous revelations of a child's mind. This is a story in a child-centered universe. This is merely Christopher Robin and his interactions with his friends. The toys mirror typical child characteristics or moods, such as Piglet being timid or Eeyore being sulky. Pooh is just a bear that every child can love. Milne wanted the characters to be foolish and absurd. The main theme in these stories is the fear in growing up, moving on, and being able to escape. The stories end when Christopher Robin starts school. This really is just a harmless fantasy world where goofy characters get into funny circumstances. Really Milne was just known in his time as a writer that was obsessed with childhood.

From his stories, it seemed like he wanted to create a sense of nostalgia in his audience. Even though he was content with his life, it wasn't the same as the simplicity and childlike innocence of everything before he experienced the war. He wanted to take not only himself, but all his readers back to the post-war feeling of peace and joy. In that aspect, he wouldn't have any reason to create his characters based off of psychological disorders. He just wanted these characters to bring back the innocence that he loved in his childhood. He wanted these stories to be a sense of escape.

Animal and Their Characteristics

As Wullschlager stated, Milne based his characters on his son's stuffed animals (1995). They further stated that he looked at each of the animals, and he based their personalities on how the real animal would act, or what the stereotype of each animal was. I decided to look at these characters just as animals to see if this could be a possibility in which Milne would base his characters. This information comes from my own speculations.

Winnie the Pooh is a bear, and bears tend to hibernate. They are sleepy, lazy, fat, and they store food for the winter. They are dumb, lazy, and loveable. Pooh doesn't necessarily have binge eating disorder. He could just be a typical bear that Milne wanted his readers to love. Piglet is a pig, and they are excessively particular, meticulous, and cute. This could lead to a lot of anxiety, by maybe some of the stereotypes are different just to throw people off. Tigger is a tiger, in which these animals are vicious, heroic, and powerful. This definitely doesn't relate to his goofy personality, but maybe this is looking at a tiger opposite of what we are used to. This could be a contradiction that adds to the humorous plot. Eeyore is a donkey, and these animals hang their head low. They are associated with being sad, morose, stubborn, and lazy. This definitely agrees with his extreme form of depression.

Owls are known to be wise, but dyslexia makes smart people seem not so smart. This could possibly be an oxymoron in the story, which could add to the whimsical and ridiculous approach to the book. Rabbit is a rabbit, and these animals are known for being anxious, hyperactive, and fast running. They symbolize fear, as in the phrase "scared as a rabbit." It seems as if Rabbit and Piglet's stereotypes are switched, because Rabbit is more meticulous and Piglet is more anxious. Kanga and Roo are kangaroos, and these animals are known to be protective of their young. Kanga is definitely very protective of Roo in the stories, because that is typical of a baby to hide in the mother's pouch.

It seems as if a lot of the stereotypes are spot on for their animals in the story, but a few of them seem backwards. This could very likely be a possibility for Milne to base his characters on the animals. He wanted to take his readers into an escape into the woods, so it would make sense that the creatures in the woods would have realistic personalities of woodland creatures. Additionally, the characteristics that seem backwards to the stereotype could result from Milne's

lightheartedness and humor to add to the story. The characters could really just represent the best way that Milne could create an exciting, humorous, and carefree plot. He wanted the animals to have personality, and this could be how he developed their character.

Conclusions

The story of Winnie the Pooh is one that seems to be so innocent and carefree. When looking into it, there seems to be a lot of evidence for each of the characters representing different psychological disorders. When looking further into it, we can see that these speculations don't entirely add up. My own views call attention to the number of issues surrounding this theory, including the theory, the DSM-5, the characters, the life of Milne, and all other speculations.

Overall, Shea presents an interesting argument as to whether or not each of the characters represent a different psychological disorder. They have a lot of good analysis and diagnoses. However, a lot of the characters didn't even get diagnosed. It seemed like the psychologists didn't do a good critique of these characters and their potential diagnoses. They really just speculated a lot about the characters and their lives. I obtained a lot of information to work off of, and it was a good basis to start, but I didn't draw any solid conclusions from this.

This group has good information to back them up, and when I looked into further research with the DSM-5, I found so much more evidence to agree with this theory. When looking at the different characters, they all have many qualities that match their respective DSM-5 diagnosis. Their personalities and their actions very strongly matched up with the diagnostic criteria of the psychological disorders.

When looking at the life of A. A. Milne, he had a relatively uneventful life. He served in the war, and that definitely could have impacted his view on the story. There are speculations

that he could have suffered from PTSD, but that was never confirmed. There was no one from his life, at least nothing written down, that he could have based these characters on. He didn't really have a bad life or see bad things. He did suffer through the war though, so it seems like he just wanted to go back to a lighthearted time.

I believe he created these stories to submerge himself and his audience back into the time when things were carefree and happy. He had such a wonderful childhood, and this continued throughout his life. I believe he just desired to escape from his life and submersed himself in a childhood fantasy. He wanted to bring himself back to a lighthearted past. I didn't find any conclusive evidence that he had any motivation to base these stories off of anyone he knew, or if he wanted to base them off of psychological disorders. Therefore, even though these stories do give a lot of evidence, the theory cannot be proven true. He could have just looked at the animals and created a personality off of the stereotype of that animal.

The stories may just be presenting the idea that not all psychological disorders need to be hospitalized. They fall under the threshold of severity and dysfunction required for a formal diagnosis. The DSM-5 shows either black or white for a disorder; either someone has it or they don't. Disorders are more of a continuum, so if someone has a few characteristics for a certain disorder, it doesn't mean they actually have it. This shows that disorders are more common in everyday life than we may think. So often, it can be easy to label people and think that if they have a disorder, it is a negative thing. However, this shows that people in our everyday lives can have a few symptoms of psychological disorders, and it doesn't have to be a bad thing. It can instead be a harmless and carefree situation just like the characters in a children's book.

We actually can learn a lot from the Winnie the Pooh stories. Often, we think that people with psychological disorders need to be hospitalized. We are afraid of them, and the stereotype

is that these people are weird or need to be avoided. There are a lot of misconceptions that people with psychological disorders are murderers or that they do harm to others. Looking at these stories, we can realize that people in our everyday lives can have many characteristics of these disorders, and they can even be diagnosable for said disorder. We grew up thinking that the Winnie the Pooh characters are innocent and harmless. And we come to find out, they are exactly that. Even though they have many diagnosable characteristics, they are just like you and me. We all know people who are like Tigger, like Kanga, and like Eeyore, and they aren't dangerous at all. This brings psychological disorders to a realistic perspective. There shouldn't be a negative stigma for psychological disorders, but instead, the stigma should be reversed. If people can handle characters in a children's book without thinking negative thoughts about them, then they should be able to treat real people with psychological disorders the same way.

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